

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Officers Only

NOV 22 2005
B
OLMS DATA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10942</u>	2. Fiscal Year Covered From: <u>01/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>James Lee</u> P.O. Box, Bldg., Room No., if any Street <u>Box 5575</u> City <u>Olive Hill</u> State <u>Ky</u> ZIP Code + 4 <u>41164</u>	4. Name, file number, and address of labor organization Name <u>Plumbers & Pipefitters Local 521</u> Labor Organization File Number <u>029579</u> P.O. Box, Building and Room Number, if any Street <u>2584 Guyan Ave</u> City <u>Huntington</u> State <u>W.Va</u> ZIP Code + 4 <u>25703</u>
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name <u>Plumbers & Pipefitters Local 521 Health & Welfare Pension Trust Fund</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>401 Eleventh Street Suite 500</u> City <u>Huntington</u> State <u>W.V</u> ZIP Code + 4 <u>25701</u>	7. a. Nature of Interest, Transaction, or Income <u>Reimbursement for Lost wages to attend Trustee meetings. Half from Health & Welfare fund, half from Pension fund.</u> 7. b. Amount. <u>Health & Welfare \$337.56</u> <u>Pension \$337.55</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

James Lee

On

8-15-05

Date

606-286-4048

Telephone Number

Name of Person Filing		James Lee		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>				
<p>8. Name and address of Business including trade name, if any.</p> <p>Name</p> <p>Trade Name, if any.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>		<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>		
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>		<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>		
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>				
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>		<p>14 a. Nature of payment.</p>		
<p>13.b. Is the Business an Employer</p>		<p>or Consultant ?</p>		<p>14.b. Amount of payment.</p>

James Lee
PO Box 5575
Olive Hill, KY 41164

01/01/04-12/31/04
Plumbers Local 521 Health & Welfare Fund
401 Eleventh Street Suite 500
Huntington WV 25701

3/4/2004	128.87
6/4/2004	92.64
11/29/2004	116.05
Total	337.56

United Association of Plumbers & Steamfitters Local #521 Pension Trust Fund
401 Eleventh Street Suite 500
Huntington, WV 25701

3/4/2004	128.86
6/4/2004	92.64
11/29/2004	116.05
Total	337.55

Mail to .

U S Department of Labor
Employer Standards Administration
Office of Labor Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, DC 20210